U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1, File Number U - 2603

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Efraim Daniel	Name National Postal Mail Handlers Union
	Labor Organization File Number 000-505
P.O. Box, Bldg., Room No., if any # 500	P.O. Box, Building and Room Number, if any # 500
Street 1101 Connecticut Ave., N.W.,	Street 1101 Connecticut Ave., N.W.
City Washington	City Washington
State District of Columbia ZIP Code + 4 20036	State District of Columbia ZIP Code + 4 20036
5. Position in labor organization. Western Regional Vice Preside	ent
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exch	suse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	·
State ZIP Code + 4	
Sign	iature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
Signed Lefrain Paniel	On 7/1/2005 202-833-9095
	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or

ZIP Code + 4

or Consultant

?

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(2) any part of which consists of buying from or seiling of leasing directly of dealing with your labor organization or with a trust in which your labor organization.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name First Health	X a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 3200 Highland Avenue	
City Downers Grove	
State Illinois ZIP Code + 4 60515	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 2 Billion
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Four dinners from February 4-7,2004. Approximate value \$300.00
	12.b. Amount. \$300
C. Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mor	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.

14.b. Amount of payment.

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

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of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name First Health X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3200 Highland Avenue Downers Grove ZIP Code + 4 60515 State Illinois 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. First Health underwrites the Mail Handlers Benefit Name Plan, which is sponsered by the NPMHU. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 BilliON 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Lodging, meals, and group outing during Partnership State ZIP Code + 4 Conference March 3-5,2004. Approximate value \$700 12.b. Amount. \$700

 Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		·
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

File Number U- 2603

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name First Health	X a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 3200 Highland Avenue City Downers Grove	c. Employer
State Illinois ZIP Code + 4 60515	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU.
Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 2 Billion
City State ZIP Code + 4	12.a. Nature of interest held or income received. Dinner on March 12, 2004. Approximate value \$70.00
	12.b. Amount. \$70
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	

 Name and address of Employer or I (including trade name, if any). 	abor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

File Number U-263

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name First Health X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3200 Highland Avenue Downers Grove ZIP Code + 4 60515 State Illinois 11.a. Nature of such dealing. 10. If 9.b. or 9.c, is checked give trust or employer's name. First Health underwrites the Mail Handlers Benefit Name Plan, which is sponsered by the NPMHU. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 BilliON 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. 4-5 Dinners and 3 buffets between March 18-24, 2004. State ZIP Code + 4 Approximate value \$500.00. 12.b. Amount. \$500

 Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant	14.a. Nature of payment.
Name	·	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
Dity		•
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 3200 Highland Avenue	9. Business deals with: X a. Labor Organization b. Trust c. Employer
City Downers Grove State Illinois ZIP Code + 4 60515	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU.
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing. 2 3/// ioN
City State ZIP Code + 4	12.a. Nature of interest held or income received. Two dinners on March 26-27,2004. Approximate value \$150.00.
	12.b. Amount. \$150

 Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant		14.a. Nature of payment.
Name	•		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. is the Business an Employer	or Consultant	?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or

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(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name First Health X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3200 Highland Avenue Downers Grove ZIP Code + 4 60515 State Illinois 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. First Health underwrites the Mail Handlers Benefit Name Plan, which is sponsered by the NPMHU. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 Billion 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Three dinners on April 25-27, 2004. Approximate State ZIP Code + 4 value \$200.00. 12.b. Amount. \$200

 Name and address of Employer or I (including trade name, if any). 	abor Relations Consultant	14.a. Nature of payment.	
Name			•
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State	ZIP Code + 4		. E.
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

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of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name First Health X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3200 Highland Avenue Downers Grove City ZIP Code + 4 60515 State Illinois 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. First Health underwrites the Mail Handlers Benefit Name Plan, which is sponsered by the NPMHU. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 BilliON 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Two dinners on June 26-27, 2004. Approximate value State ZIP Code + 4 \$175.00. 12.b. Amount.

 Name and address of Employer or (including trade name, if any). 	Labor Relations Consultan	t	14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		-	
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

substantial part of which consists of buying fr of an employer whose employees your labor (2) any part of which consists of buying from dealing with your labor organization or with a	organization represents or is activor selling or leasing directly or ind	ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including to Name First Health Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois	ade name, if any). ZIP Code + 4 60515	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.	11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		
City State	ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Five dinners and entertainment on June 21-25, 2005. Approximate value \$550.00.
		12.b. Amount. \$550

 Name and address of Employer or I (including trade name, if any). 	abor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

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substantial part of which consists of buy of an employer whose employees your (2) any part of which consists of buying dealing with your labor organization or was to substantial part of which consists of buying dealing with your labor organization or was to substantial part of which consists of buy to substantial part of which consists of buying to substantial part of which consists o	labor organization represents or is from or selling or leasing directly or	actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (include	ling trade name, if any).	9. Business deals with:	
Name First Health		X a. Labor Organization	
Trade Name, if any:		b. Trust	
P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue		c. Employer	
City Downers Grove			
State Illinois	ZIP Code + 4 60515		
10. If 9.b. or 9.c. is checked give trust of	r employer's name.	11.a. Nature of such dealing.	
Name		First Health underwrites the Mail Plan, which is sponsered by the N	· ·
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		11.b. Approximate dollar value of such dealing.	2 BilliON
City State	ZIP Code + 4	12.a. Nature of interest held or income received. Two dinners on July 16-17, 2004. \$150.00.	Approximate value
			·
		12.b. Amount.	\$150
C. Received from any employer (c	ther than an employer covered	under parts A and B above)	

Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:		٠	
P.O. Box, Bldg., Room No., if any			
Street	·	-	
City			
State	ZIP Code + 4		·
13.b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.

8. Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515 11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 2 8 illion City City Downers Grove 11.b. Approximate dollar value of such dealing. 2 8 illion	B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rety seeking to represent, or irectly to, or otherwise
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515 10. If 9.b. or 9.c. is checked give trust or employer's name. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 2 8 illion 2 8 illion 2 8 illion	Name and address of Business (including trade name, if any).	9. Business deals with:
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515 10. If 9.b. or 9.c. is checked give trust or employer's name. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 2 8 illion 2 8 illion	Name First Health	X a Labor Organization
City Downers Grove State Illinois ZIP Code + 4 60515 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 2 8 illion 11.b. Approximate dollar value of such dealing. 2 8 illion	Trade Name, if any:	· · · · · · · · · · · · · · · · · · ·
City Downers Grove State Illinois ZIP Code + 4 60515 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU. 11.b. Approximate dollar value of such dealing. 2 8 illion	P.O. Box, Bldg., Room No., if any	c. Emp l oyer
State Illinois ZIP Code + 4 60515 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU. Trade Name, if any: 11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU.	Street 3200 Highland Avenue	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name 11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 2 8illion	City Downers Grove	
Name First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU. P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 2 8illion	State Illinois ZIP Code + 4 60515	
Name Plan, which is sponsered by the NPMHU. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 2 8illion	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 2 8illion	Name	
Street 11.b. Approximate dollar value of such dealing. 2 8 illion City	Trade Name, if any:	
11.b. Approximate dollar value of such dealing. 2 8 illion	P.O. Box, Bldg., Room No., if any	
City 43 - Notice of interest hold as imposed	Street	11.b. Approximate dollar value of such dealing. 2 Billiow
12.a. Mature of interest field of income received.	City	12.a. Nature of interest held or income received.
State ZIP Code + 4 Four dinners, five buffet dinners and entertainment between August 17-29, 2004. Approximate value \$500.00	State ZIP Code + 4	
12.b. Amount. \$500		12.b. Amount. \$500

Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			· ·
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

File Number **U**-2603

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name First Health	X a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 3200 Highland Avenue	c. Emp l oyer
City Downers Grove	
State Illinois ZIP Code + 4 60515	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit
Name	Plan, which is sponsered by the NPMHU.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 2 B1///ox
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Four buffet dinners, two lunchs, group activities and gift between October 6-9, 2004 for self and daughter. Approximate value \$500.00
	12.b. Amount. \$500

Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name First Health X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3200 Highland Avenue Downers Grove State Illinois ZIP Code + 4 60515 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. First Health underwrites the Mail Handlers Benefit Name Plan, which is sponsered by the NPMHU. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Billion 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Dinner on November 3, 2004. Approximate value State ZIP Code + 4 \$65.00 \$65 12.b. Amount.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

File Number U

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name First Health X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3200 Highland Avenue Downers Grove State Illinois ZIP Code + 4 60515 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. First Health underwrites the Mail Handlers Benefit Name Plan, which is sponsered by the NPMHU. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2 Billion 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Four dinners, three buffets, refreshments, group ZIP Code + 4 State activity and entertainment between December 5-11, 2004. Approximate value \$600.00. \$600 12.b. Amount.

 13.a. Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant		14.a. Nature of payment.	
Name			·	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		٠		
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary values and the substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. First Health underwrites the Mail Handlers Benefit Plan, which is sponsered by the NPMHU. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Holiday gifts in December, 2004. Approximate value \$150.00.
	12.b. Amount. \$150

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.